


1 PLACE OF BIRTH (COUNTY) <u>South Boro</u> (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
NO. _____				STREET _____		WARD _____	
2 FULL NAME OF CHILD <u>John Francis Welcome</u>							
3 Sex <u>male</u>	4 <u>1</u> If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth <u>August 20</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
3a Color <u>White</u>	(b) Number, in order of birth.....			(MONTH)	(DAY)	(YEAR)	
7 FATHER FULL NAME <u>Oliver Welcome</u>				13 MOTHER MAIDEN NAME <u>Virginia Hestra</u> PRESENT NAME <u>Mrs Oliver Welcome</u>			
8 RESIDENCE, NO. <u>Anger Jordan, Canada</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>South Boro</u> STATE <u>Mass</u>				14 RESIDENCE, NO. _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>South Boro</u> STATE <u>Mass</u>			
9 COLOR OR RACE <u>White</u>		10 AGE AT LAST BIRTHDAY <u>6-5</u> (YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT LAST BIRTHDAY _____ (YEARS)	
11 PLACE OF BIRTH <u>Anger Jordan, Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Laprairie, Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Shoemaker</u>				18 OCCUPATION _____			
19 Attendant at birth or informant. (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. _____ (City or town)							
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth (Month) _____ (Day) _____ (Year) _____							
21 Deponent Name <u>Anthony J. Guter</u> City or town <u>Amst</u> <u>widow of Francis Welcome</u>				22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: _____ REGISTRAR (City or town)			

MARGIN RESERVED FOR BINDING

....An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . . Extract from Gen. Laws, Chap. 46, Sec. 13.

Canada
Province of Quebec **AFFIDAVIT**

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF *Nottingham* } ss.:

Antoine Gauthier
being duly sworn, deposes and says that he resides at *St-Henri, Que.*

that deponent has knowledge of the birth of *Folia Francis Welcome*
named on the reverse side of this blank that he is the person who made out the reverse side of this
blank, mailed or delivered on *18th November 1934* to the office of the *Notary Public*
(City or town clerk or registrar)

of the *City* of *St-Henri, Que. Can.* The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: *He has been in England but not alone - not remember where -*

The evidence submitted to substantiate the affidavit was:
This man was born at Southboro Mass. I have known him since he was a child.
(Signed) *Antoine Gauthier*


Sworn to and subscribed before me,
this *18th* day of *November*, 19*34*.
Notary Public
(City or town clerk, assistant clerk, or registrar)

NOTICE

- Expense of affidavit should be borne by the individual making this return.
- INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH**
1. A record is only as good as the evidence on which it is based.
 2. A record made many years after the event occurred is of doubtful value.
 3. A record cannot be made by the person whose birth is sought to be recorded.
 4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
 5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
 6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
 7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
 8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS AFFIDAVIT TO THE SECRETARY OF THE COMMONWEALTH AT ONCE UPON RETURN TO THE

20M-11-29. No. 7182-e

1 PLACE OF BIRTH (COUNTY) _____ (CITY OR TOWN) _____				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS DELAYED CERTIFICATE OF BIRTH		Registered No. _____ Deposition No. _____	
NO. _____		STREET _____		WARD _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <i>Grace Freda Walkup</i>							
3 Sex <i>F</i>	4 If plural Births <i>W</i>	(a) Twin, triplet or other.	5 Born ALIVE or STILLBORN <i>alive</i>	6 Date of Birth <i>March 21, 1874</i>			
		(b) Number, in order of birth.		(MONTH)	(DAY)	(YEAR)	
7 FATHER FULL NAME <i>George Edwin Walkup</i>				13 MOTHER MAIDEN NAME <i>Harriett A Richards</i> PRESENT NAME <i>Harriett A Walkup</i>			
8 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED)				14 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED)			
CITY OR TOWN <i>Frammingham</i> STATE <i>Mass</i>				CITY OR TOWN <i>Southboro</i> STATE <i>Mass</i>			
9 COLOR OR RACE <i>White</i>	10 AGE AT LAST BIRTHDAY <i>81</i> (YEARS)			15 COLOR OR RACE <i>White</i>	16 AGE AT LAST BIRTHDAY <i>84</i> (YEARS)		
11 PLACE OF BIRTH <i>Frammingham</i> <i>Mass</i> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <i>Southboro</i> <i>Mass</i> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <i>Shoe maker</i>				18 OCCUPATION <i>Housewife</i>			
19 Attendant at birth or informant <i>Physician</i> (If there was no physician or attendant, draw line through "attendant at birth or")		(Name)		(Physician, parent, or other)			
Address No. _____		St. <i>Southboro</i>		(City or town)			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth				July 27 - 1939		(Month) (Day) (Year)	
21 Deponent Name <i>Eva E Richards</i> City or town <i>Southboro</i>		Relation to child <i>Aunt</i>		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.			
				Attest: <i>C I Earl</i>			
				REGISTRAR			
				<i>Southboro</i> (City or town)			

SEE REVERSE SIDE FOR AFFIDAVIT

MARGIN RESERVED FOR BINDING

....An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Essex } ss.:

Eva Richards
being duly sworn, deposes and says that she resides at Street
South Lee, Mass
that deponent has knowledge of the birth of Grace Vereda Walkey
named on the reverse side of this blank, that she is the person who made out the reverse side of this
blank, mailed or delivered on 19, to the office of the Town Clerk
(City or town clerk or registrar)

of the Town of South Lee. The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: Negligence

The evidence submitted to substantiate the affidavit was:
I am a near neighbor of the mother and to my personal knowledge the birth occurred on the date given
(Signed) Ms Ellen Eva Richards

Sworn to and subscribed before me,
this 27th day of July, 1925.
C. H. Sanborn
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M.(e)-1-44-13634

1	PLACE OF BIRTH	Worcester (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)
		Southborough (CITY OR TOWN)	DELAYED RETURN OF BIRTH		Registered No. Deposition No.
NO. "Deerfoot Farm,"		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		FRANCIS LOWELL BURNETT			
3 Sex	M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color	W		(b) Number, in order of birth	alive	January 31, 1878 (MONTH) (DAY) (YEAR)
7 FULL NAME	FATHER		13 MOTHER		
Edward Burnett			Mabel Lowell		
8 RESIDENCE, NO.	residence of "Deerfoot Farm,"		14 RESIDENCE, NO. residence of "Deerfoot Farm,"		
(AT TIME BIRTH OCCURRED)	STREET		(AT TIME BIRTH OCCURRED)		
CITY OR TOWN	Southborough,	STATE	Mass.	CITY OR TOWN	Southborough, STATE Mass.
9 COLOR OR RACE	White	10 AGE AT TIME OF BIRTH	30 (YEARS)	15 COLOR OR RACE	white American
11 PLACE OF BIRTH	Southborough, Mass.	16 AGE AT TIME OF BIRTH	31 (YEARS)	17 PLACE OF BIRTH	Cambridge, Mass.
(CITY OR TOWN)	(STATE OR COUNTRY)	(CITY OR TOWN)	(STATE OR COUNTRY)	18 OCCUPATION	Wife & Mother.
12 OCCUPATION	Farmer & Dairyman		(AT TIME OF BIRTH)		
19 Attendant at birth or informant	Dr. Robinson,		physician		
(If there was no physician or attendant, draw line through "attendant at birth or")	(NAME)		(PHYSICIAN, PARENT, OR OTHER)		
Address No.	Main St.,		St. Southborough, Mass.		
			(CITY OR TOWN)		
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth	August		2		1950
	(MONTH)		(DAY)		(YEAR)
21 Deponent Name	City or town	Relation to child	22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.		
Esther Gardner		Aunt	Attest: Frances E. Raben		
6 Arlington St.,			(REGISTRAR)		
Boston, Mass.			SOUTHBOROUGH		
			(CITY OR TOWN)		

SEE REVERSE SIDE FOR AFFIDAVIT

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF } ss.:

Esther Gardner

being duly sworn, deposes and says that she resides at 6 Arlington St., Boston, Mass.

that deponent has knowledge of the birth of Francis Lowell Burnett
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was the date recorded in bible of family by mother.

(Deponents Signature)

Esther Gardner

Sworn to and subscribed before me,

this 7th day of July, 1953

Phyllis S. Worcester

(City or town clerk, assistant clerk, or registrar)

Notary Public

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

St. Mark's Church

Southborough, Massachusetts

June 22, 1950

Mr. John J. Rabeni
Town Clerk
Southborough, Mass.

Dear Mr. Rabeni:

This is to certify that Francis Lowell
Burnett was baptized at St. Mark's Church, Southborough,
by the Rev. J. I. T. Coolidge.

Date of baptism: March 20, 1878

Date of birth: January 7, 1878

Place of birth: Southborough, Massachusetts

Very truly yours,

Harry Eugene Goll
Harry Eugene Goll
Rector

St. Mark's Church
Southborough, Massachusetts

June 22, 1880

Mr. John J. Baber,
Town Clerk,
Southborough, Mass.

Dear Mr. Baber:

This is to certify that Francis Lowell
Bunker was born at St. Mark's Church, Southborough,
by the Rev. A. T. Coolidge,
Date of baptism: March 20, 1878


Date of birth: January 7, 1878

Place of birth: Southborough, Massachusetts

Very truly yours,
Harry Eugene Goff
Rector

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

20-m-12-'35. No. 615613

PLACE OF BIRTH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		CITY OR TOWN MAKING THIS RETURN	
1 { <i>Winchester</i> (COUNTY)				<i>Southborough</i>	
1 { <i>Southborough</i> (CITY OR TOWN)					
NO.		STREET		WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <i>Ethel Zilla Harris</i>					
3 Sex <input checked="" type="checkbox"/> Male 3a Color	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth <i>November 9 - 1879</i>	(MONTH) (DAY) (YEAR)
7 FATHER FULL NAME <i>John T Harris</i>			13 MOTHER MAIDEN NAME <i>Adela Z Harris</i> PRESENT NAME <i>Ethel Z Harris</i>		
8 RESIDENCE, NO. <i>Main</i> STREET			14 RESIDENCE, NO. STREET		
(AT TIME BIRTH OCCURRED)			(AT TIME BIRTH OCCURRED)		
CITY OR TOWN <i>Southborough</i> STATE <i>Mass</i>			CITY OR TOWN <i>Southborough</i> STATE		
9 COLOR OR RACE <i>Wh</i>	10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE <i>Wh</i>		16 AGE AT LAST BIRTHDAY
(YEARS)			(YEARS)		
11 PLACE OF BIRTH <i>Portland Maine</i> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <i>S. Mainburg Maine</i> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <i>Compositor</i>			18 OCCUPATION		
19 Attendant at birth or informant <i>Adela Z Harris</i> (If there was no physician or attendant, draw line through "attendant at birth or") (Name) Address No. <i>Clifford St</i> St., <i>Southborough Mass</i> (City or town)			20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth		
21 Deponent Name <i>Adela Z Harris</i> City or town <i>Southborough</i> Relation to child <i>Mother</i>			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 1B. Attest: <i>Adela Z Harris</i> <i>Southborough</i> (City or town)		
SEE REVERSE SIDE FOR AFFIDAVIT					

REGISTRAR

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

being duly sworn, deposes and says that she resides at

Clifford Street

Southborough

that deponent has knowledge of the birth of Ethel Zella Harris

named on the reverse side of this blank, that she is the person who furnished the facts on the reverse side of this blank, mailed or delivered on December 27 1938 to the office of the Town Clerk
of Southborough (City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: did not understand that return was required

The evidence submitted to substantiate the affidavit was:

I was present at time of the birth and know of my own personal knowledge

(Signed) Ethel Zella Harris

Sworn to and subscribed before me,

this 28th day of December, 1938

Arthur J. Fawcett

(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

20m-11-130. No. 605-d

5		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		CITY OR TOWN MAKING THIS RETURN	
1		PLACE OF BIRTH COUNTY <u>Berkshire</u> CITY OR TOWN <u>Southboro</u>		Registered No. Deposition No.	
2		NO. <u>Brewer Farm</u> STREET <u>WARD</u> { (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3		FULL NAME OF CHILD <u>James Barton Gates</u>			
3		Sex <u>m</u> 4 (a) Twin, triplet or other		5 Born ALIVE or STILLBORN	
3a		Color <u>wh</u> If plural Births (b) Number, in order of birth		6 Date of Birth <u>Nov. 2, 1880</u> (MONTH) (DAY) (YEAR)	
7		FATHER FULL NAME <u>James Carter Gates</u>		18 MOTHER MAIDEN NAME <u>Hannah Logan</u> PRESENT NAME <u>Hannah Gates</u>	
8		RESIDENCE, No. <u>Brewer Farm</u> STREET <u>Southboro</u> STATE <u>Mass.</u> (AT TIME BIRTH OCCURRED)		14 RESIDENCE, No. <u>Brewer Farm</u> STREET <u>Southboro</u> STATE <u>Mass.</u> (AT TIME BIRTH OCCURRED)	
9		10 COLOR OR RACE <u>wh</u> AGE AT LAST BIRTHDAY <u>25</u> (YEARS)		15 COLOR OR RACE <u>wh</u> AGE AT LAST BIRTHDAY <u>27</u> (YEARS)	
11		PLACE OF BIRTH <u>Leominster, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>St. John, N.B.</u> (CITY OR TOWN) (STATE OR COUNTRY)	
12		OCCUPATION <u>Teamster</u>		18 OCCUPATION <u>Housewife</u>	
19		Attendant at birth or informant <u>not known</u> (If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other) Address No. <u>—</u> St. <u>—</u> (City or town)			
20		Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth (Month) (Day) (Year)			
21		Deponent Name <u>James C. Gates</u> City or town <u>Southboro, Mass.</u> Relation to child <u>father</u>		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <u>Charles J. Fairbank</u> REGISTRAR <u>Southboro</u> (City or town)	

MARGIN RESERVED FOR BINDING

An affidavit containing the facts required for record, if made by a person required by law to furnish the information for original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Norfolk } ss.:

James C. Gates
being duly sworn, deposes and says that he resides at 139 Grant St.
Needham, Mass.
that deponent has knowledge of the birth of James Burton Gates
named on the reverse side of this blank, that he is the person who made out the reverse side of this
blank, mailed or delivered on February 23, 1939 to the office of the Clerk
(City or town clerk or registrar)

of the Town of Needham The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows:

Neglect of Physician
The evidence submitted to substantiate the affidavit was:
Record of Birth in Family Bible

Sworn to and subscribed before me,
this 23rd day of February, 19 39

(Signed)

James C. Gates

E. Bertha Belnke
(City or town clerk, assistant clerk, or registrar)


NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

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2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

1 PLACE OF BIRTH COUNTY <i>Worcester</i> CITY OR TOWN <i>Southborough</i>				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS DELAYED CERTIFICATE OF BIRTH		(CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. _____	
NO. _____		STREET _____		WARD _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <i>Charles Wallace Howard</i>							
3 Sex <i>M</i>	4 If plural Births	(a) Twin, triplet or other _____	5 Born ALIVE or STILLBORN <i>Alive</i>	6 Date of Birth	<i>January 11</i>	<i>1881</i>	(YEAR)
3a Color <i>Wh</i>	(b) Number, in order of birth <i>9</i>						
7 FATHER FULL NAME <i>Isaac Howard</i>				13 MOTHER MAIDEN NAME <i>Ellen Matilda Belcher</i> PRESENT NAME <i>Ellen Matilda Howard</i>			
8 RESIDENCE, NO. <i>Southborough Mass</i> (AT TIME BIRTH OCCURRED) CITY OR TOWN _____ STATE _____				14 RESIDENCE, NO. _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <i>Southborough</i> STATE <i>Mass.</i>			
9 COLOR OR RACE <i>White</i>		10 AGE AT LAST BIRTHDAY <i>54</i> (YEARS)		15 COLOR OR RACE <i>white</i>		16 AGE AT LAST BIRTHDAY <i>40</i> (YEARS)	
11 PLACE OF BIRTH <i>Beniston, England</i> (CITY OR TOWN) _____ (STATE OR COUNTRY) _____				17 PLACE OF BIRTH <i>Chelsea Mass.</i> (CITY OR TOWN) _____ (STATE OR COUNTRY) _____			
12 OCCUPATION <i>Farmer</i>				18 OCCUPATION <i>Housewife</i>			
19 Attendant at birth or informant (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. _____ (City or town) _____							
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth (Month) <i>June</i> (Day) <i>25</i> (Year) <i>1940</i>							
21 Deponent Name <i>Cora B. Newton</i> City or town <i>Southborough</i> Relation to child <i>Sister</i>				22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <i>Cora B. Fairbanks</i> <i>Southborough</i> (City or town) _____			
SEE REVERSE SIDE FOR AFFIDAVIT							

REGISTRAR

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

being duly sworn, deposes and says that she resides at Cora J. Newton
Main Street Southborough
Mass

that deponent has knowledge of the birth of Charles Wallace Howard
named on the reverse side of this blank, that he is the person who furnished the facts on the reverse side of this blank, mailed or delivered on June 25 1940 to the office of the Town Clerk
(City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: Neglect of parents

The written evidence submitted to substantiate the affidavit was:
Copy of record of birth taken from the family Bible, and
my own knowledge and memory
(Signed) Cora J. Newton

Sworn to and subscribed before me,
this 25th day of June, 1940
Chas J. Sanborn
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

1 PLACE OF BIRTH 1. Worcester (COUNTY) Fayville (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS DELAYED CERTIFICATE OF BIRTH		Fayville (CITY OR TOWN MAKING THIS RETURN) Registered No. Deposition No.	
1 NO. Newton House		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Nathan Jason Hazzard					
3 Sex M.	4 { (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date	February 18th, 1881	
3a Color W.	If plural Births { (b) Number, in order of birth	Alive	of Birth	(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Edward W. Hazzard			13 MOTHER MAIDEN NAME Nancy Ramson PRESENT NAME Nancy R. Hazzard		
8 RESIDENCE, NO. Newton House (AT TIME BIRTH OCCURRED) CITY OR TOWN Fayville, STATE Mass.			14 RESIDENCE, NO. Newton House (AT TIME BIRTH OCCURRED) CITY OR TOWN Fayville, STATE Mass.		
9 COLOR OR RACE Colored	10 AGE AT LAST BIRTHDAY 32 (YEARS)	15 COLOR OR RACE Colored	16 AGE AT LAST BIRTHDAY 22 (YEARS)		
11 PLACE OF BIRTH Brimfield, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH Gloucester, R.I. (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Shoe-worker			18 OCCUPATION Housewife		
19 Attendant at birth or informant Mid-wife (If there was no physician or attendant, draw line through "attendant at birth or") Address No. Name & Address cannot be learned. (City or town)					
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth September 28th, 1937 (Month) (Day) (Year)					
21 Deponent Name Edward W. Hazzard City or town (father)			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.		
155 Main St., Southbridge, Mass.			Attest: Clare C. Boyer REGISTRAR Town Clerk of Southbridge (City or town)		
SEE REVERSE SIDE FOR AFFIDAVIT					

MARGIN RESERVED FOR BINDING

....An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } SS.:

Edward W. Hazzard

being duly sworn, deposes and says that he resides at 155 Main St.,

Southbridge, Mass.

that deponent has knowledge of the birth of Nathan J. Hazzard

named on the reverse side of this blank, that he is the person who made out the reverse side of this blank, made or delivered on September 28th 1937 to the office of the Town Clerk
(City or town clerk or registrar)

of the Town of Southbridge The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: Birth was not reported. Cannot state why.

Mr. Edward Hazzard thought it had been. (No physician)

The evidence submitted to substantiate the affidavit was:

A Family Bible.

(Signed) Edward W. Hazzard

Sworn to and subscribed before me,
this 28th day of September, 1937

(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

Recd Oct. 1-1937

OFFICE OF TOWN CLERK
TOWN OF SOUTHBRIDGE



ALBERT O. BOYER

OFFICE HOURS
9 A. M. TO 12 - 1 TO 5 P.
EVENINGS
THURSDAYS 7 TO 9
SATURDAYS 7 TO 8

SOUTHBRIDGE, MASS.

September 28th, 1937

Mr. Charles Fairbanks,
Town Clerk,
Southborough, Mass.

Dear Mr. Fairbanks:

No doubt you recall a Mr. Nathan J. Hazzard writing you for a certified copy of his birth. Unfortunately he was unable to procure such a copy because his birth was never recorded.

I have filled out the necessary blank "Delayed Certificate of Birth" and I'm attaching it to this letter. Will you be so kind as to review it and record it? If there are any questions please don't hesitate to write. When you have this recorded do you suppose Mr. Hazzard could have a certified copy from your office? If you'll send it to this office I will see that your fee is remitted.

An early reply will be appreciated.

Very truly yours,

Albert O. Boyer
Town Clerk.

enc.1

TOWN OF SOUTHBIDGE



ALBERT C. BOYER

Mr. Charles Fairbanks,
Town Clerk,
Southborough, Mass.
Dear Mr. Fairbanks:


No doubt you recall a Mr. Herbert J. Barnard writing
you for a certified copy of his birth. Unfortunately he was
unable to procure such a copy because his birth was never re-
corded.

I have failed out the necessary blank "Delayed Cer-
tificate of Birth" and I'm attaching it to this letter. Will
you be so kind as to review it and record it? If there are
any questions please don't hesitate to write. When you have
this recorded do you understand? If you'll send it to this office
I will see that your fee is refunded.

An exact reply will be appreciated.

Very truly yours,

Town Clerk

1 PLACE OF BIRTH (County) <u>Worcester</u> (City or Town) <u>Southboro</u>		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		110 (City or Town making this return)	
		DELAYED CERTIFICATE OF BIRTH		Registered No. Deposition No.	
NO.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD. <u>Leon Percy House</u>					
3 Sex <u>male</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>May 8, 1883</u> (Month) (Day) (Year)	
7 FATHER FULL NAME <u>George Gilbert House</u>			13 MOTHER MAIDEN NAME <u>Annie Marie Smith</u> PRESENT NAME		
8 RESIDENCE, NO. STREET (At time birth occurred)			14 RESIDENCE, NO. STREET (At time birth occurred)		
CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>			CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>		
9 COLOR OR RACE <u>white</u>	10 AGE AT TIME OF BIRTH <u>41</u> (YEARS)		15 COLOR OR RACE <u>white</u>	16 AGE AT TIME OF BIRTH <u>39</u> (YEARS)	
11 PLACE OF BIRTH <u>West Medway, Mass</u> (City or Town) (State or Country)			17 PLACE OF BIRTH <u>North Attleboro, Mass</u> (City or Town) (State or Country)		
12 OCCUPATION <u>blue worker</u> (At time of birth)			18 OCCUPATION <u>Housewife</u> (At time of birth)		
19 ATTENDANT AT BIRTH OR INFORMANT <u>Dr. Robinson</u> (If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent or relative)					
ADDRESS NO. ST. (City or Town)					
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth <u>June 22, 1913</u> (Month) (Day) (Year)					
21 Deponent Name <u>Wm. A. House</u> City or Town <u>Westboro, Mass</u> Relation to Child <u>elder brother</u>			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.		
ATTEST: <u>Charles L. Fairbanks</u> (Registrar)			<u>Southboro</u> (City or Town)		

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

Living Allion House
being duly sworn, deposes and says that he resides at Syman School for Boys
Westboro, Massachusetts Worcester County
that deponent has knowledge of the birth of Sean Parley House
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was the family bible read both of my
father and mother that Sean was
born in Southboro, Massachusetts,
November 8 1883

(Signed) Living Allion House

Sworn to and subscribed before me,

this 19th day of June, 19 42

Emile A. Dunne
(City or town clerk, assistant clerk, or registrar)

of Westborough

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE



The Commonwealth of Massachusetts
Office of the Secretary
Division of Vital Statistics

Kevin H. White
Secretary of the Commonwealth

FROM THE DESK OF
EDWARD C. KLOZA

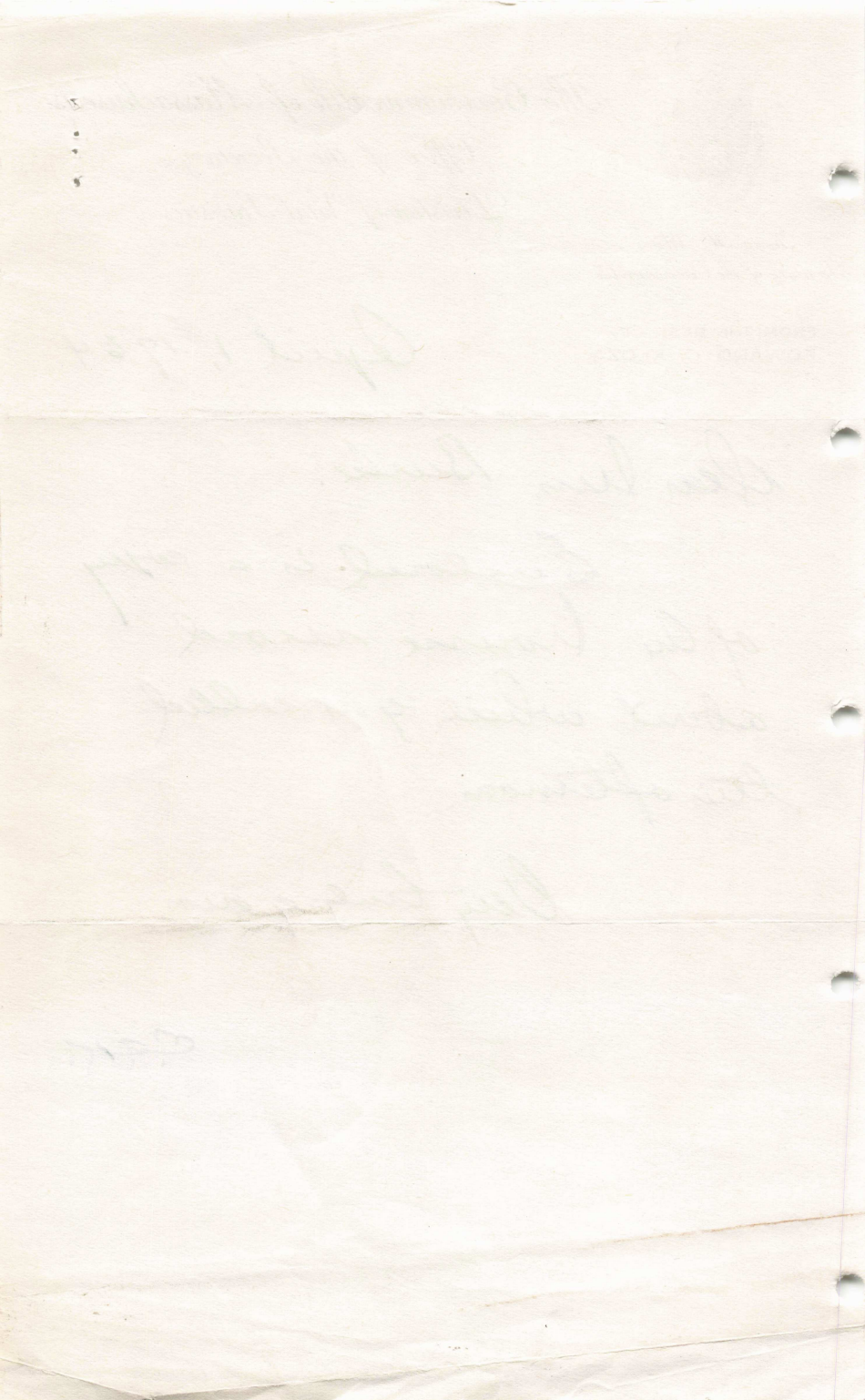
April 1, 1964

Dear Mrs. Burke:

*Enclosed is a copy
of the House record
about which you called
this afternoon.*

Very truly yours,


Raymond D. LaVallee
cert.
State Registrar of Vital Statistics



WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M-(b)-11-42 10746

1	PLACE OF BIRTH	Worcester (COUNTY)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)
		Southborough (CITY OR TOWN)				DELAYED CERTIFICATE OF BIRTH		Registered No.
NO.		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME OF CHILD <u>Ida Mary Liberty</u>								
3 Sex <u>F.</u>		4 If plural Births { (a) Twin, triplet or other		5 Born ALIVE or STILLBORN <u>Alive</u>		6 Date <u>July 11, 1885</u>		
3a Color		(b) Number, in order of birth				of Birth (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME <u>Francis Liberty</u>				13 MOTHER MAIDEN NAME <u>Mary Lavelly</u> PRESENT NAME <u>Mary Liberty</u>				
8 RESIDENCE, NO. <u>Southville Road</u> STREET (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				14 RESIDENCE, NO. <u>Southville Road</u> STREET (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH <u>33</u> (YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT TIME OF BIRTH <u>33</u> (YEARS)		
11 PLACE OF BIRTH <u>Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)				
12 OCCUPATION <u>Teamster</u> (AT TIME OF BIRTH)				18 OCCUPATION <u>Housewife</u> (AT TIME OF BIRTH)				
19 Attendant at birth or informant. <input checked="" type="checkbox"/> (If there was no physician or attendant, draw line through "attendant at birth or") Address No. <u>Woodbury Road</u>				(NAME) (PHYSICIAN, PARENT, OR OTHER) <u>Southborough, Mass.</u> (CITY OR TOWN)				
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth				November 1 1952 (MONTH) (DAY) (YEAR)				
21 Deponent Name		City or town		Relation to child		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.		
						Attest: <u>John J. Gaberni</u> (REGISTRAR)		
SEE REVERSE SIDE FOR AFFIDAVIT				Southborough, Mass. (CITY OR TOWN)				

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

Emma L. Day

being duly sworn, deposes and says that she resides at Woodbury Road
Southborough, Mass.

that deponent has knowledge of the birth of Ida Mary Liberty

named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was

Certificate of Baptism

(Deponents Signature)

Emma L. Day

Sworn to and subscribed before me,

this 27th day of October, 19 52

John J. Raberini

(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

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2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

Certificate of Baptism



Church of

St. Luke
Westboro, Mass.

--- This is to Certify ---

That Ida Mary Liberty
Son } of Francis Liberty
Daughter } Mary Lavelly
and Cordaville, Mass.
born in 11th day of July, 1885
on the

was Baptized

on the 26th day of July, 1886

according to the Rite of the Roman Catholic Church

by the Rev. J. J. Burke

the Sponsors being Peter White

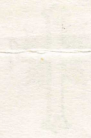
and Mary White

as appears from the Baptismal Register of this Church

Dated Feb. 16, 1951

Rev. John J. Bakken

Certificate of Baptism



Given at

the Parish of St. Mary

This is to Certify

that on the 12th day of June

1881, I have baptized

the infant of

Mr. & Mrs. J. H. Smith

Children

of the Parish of St. Mary

in the County of

the State of

and the



Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

Certificate of Birth

FROM THE RECORDS OF BIRTHS IN THE TOWN OF Southborough
MASSACHUSETTS, U. S. A.

1. Date of Birth - - - -	<u>March 11 - 1886</u>
2. Full Name of Child - -	<u>Ruth Begelem Macker</u>
3. Sex, Color and if Twin	<u>Female</u> <u>White</u>
4. Place of Birth - - - -	<u>Southborough</u>
5. Residence of Parents -	<u>Southborough</u>
6. Name of Father - - - -	<u>Arthur E Macker</u>
7. Occupation of Father -	<u>Shoemaker</u>
8. Birthplace of Father -	<u>Grafton</u> <u>Mass</u>
9. Maiden Name of Mother	<u>Mary F Doyle</u>
10. Birthplace of Mother -	<u>Rockbottom</u> <u>Mass</u>
11. Date of Record .	

I, Amos L Fairbanks depose and say
that I hold the office of Town Clerk of the Town of Southborough
County of Worcester and Commonwealth of Massachusetts; that the
records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and
that the above is a true extract from the records of Births in said Town, as certified by me.

WITNESS my hand and the seal of said Town, on the twelfth

day of March 1986

Amos L Fairbanks

Town Clerk.

Certificate of Birth

Now the Records of Births in the Town of Southborough
Massachusetts, U.S.A.

January 11 - 1886

Birth of a Male Child

born at

Southborough

Southborough

William E. Black

Southborough

William E. Black

born at

Southborough

William E. Black

Southborough

Southborough

And I, the Clerk of the Town of Southborough, do hereby certify that the above is a true and correct copy of the record of birth as the same appears from the records of the Town of Southborough, Massachusetts, U.S.A.

Witness my hand and the seal of said Town, on the 11th day of January, 1886.


Attest

William E. Black

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M-(b)-11-42 10746

1 PLACE OF BIRTH Worcester (COUNTY) Southborough (CITY OR TOWN) Central NO. _____ STREET _____ WARD _____		 <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p> <p>DELAYED CERTIFICATE OF BIRTH</p>		(CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. <u>188</u>	
2 FULL NAME OF CHILD <u>Florence Lillian Jones</u>					
3 Sex <u>F</u>	4 If plural Births _____	(a) Twin, triplet or other _____	5 Born ALIVE or STILLBORN <u>ALIVE</u>	6 Date of Birth <u>Feb.</u> <u>8</u> <u>1889</u> (MONTH) (DAY) (YEAR)	
3a Color <u>W</u>	(b) Number, in order of birth _____				
7 FATHER FULL NAME <u>Harry Hobart Jones</u>			13 MOTHER MAIDEN NAME <u>Emily E. Cloyes</u> PRESENT NAME <u>Emily E. Jones</u>		
8 RESIDENCE, NO. <u>Central</u> CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u> (AT TIME BIRTH OCCURRED)			14 RESIDENCE, NO. <u>Central</u> CITY OR TOWN <u>Southborough</u> STATE <u>Mass</u> (AT TIME BIRTH OCCURRED)		
9 COLOR OR RACE <u>white</u>	10 AGE AT TIME OF BIRTH <u>39</u> (YEARS)		15 COLOR OR RACE <u>white</u>		
11 PLACE OF BIRTH <u>Southborough Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT TIME OF BIRTH _____ (YEARS)			
12 OCCUPATION <u>Meat Provision Store</u> (AT TIME OF BIRTH)		17 PLACE OF BIRTH <u>Framingham Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)			
18 OCCUPATION <u>at home</u> (AT TIME OF BIRTH)		19 Attendant at birth or informant <u>Dr. E. S. Hoyt</u> (NAME) (If there was no physician or attendant, draw line through 'attendant at birth or') Address No. _____ St. <u>Worcester Mass.</u> (CITY OR TOWN)			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth <u>September</u> <u>18</u> <u>1946</u> (MONTH) (DAY) (YEAR)			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.		
21 Deponent Name <u>Walter E Collins</u> City or town <u>Southboro</u> Relation to child <u>Friend</u>		Attest: <u>Frances E Roben</u> <u>Asst Clerk</u> <u>Southborough</u> (REGISTRAR) (CITY OR TOWN)			

SEE REVERSE SIDE FOR AFFIDAVIT

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } SS.:

Walter Everett Collins
being duly sworn, deposes and says that he resides at Central St.
Fairville Southborough Mass
that deponent has knowledge of the birth of Frederic Lillian Jones
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was

I was born in Fairville Dec. 7-1870
and resided here until 1895
I remember Mrs. Nichols parents and
grand parents and they resided on Central St.
at the time Mrs. Nichols was born in 1889
(Deponents Signature) Walter Collins

Sworn to and subscribed before me,

this 15th day of September, 1946
Francis E. Raher
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B. If the return of a birth is not made within the interval prescribed by law, this form of a return MUST BE used and the affidavit on the reverse side must be executed

18. 5,000.

1 PLACE OF BIRTH

County of

Worcester

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

DELAYED RETURN OF A BIRTH

(To be used for returns of births not made within the interval prescribed by law.
Affidavit on reverse side must be executed)

Registered No.

City or
Town of

Southborough

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Margaret R. Harris

3

Sex of
Child

female

4

Twin, triplet,
or other?

✓

4a

Number in
order of birth

✓

5

Born alive or still-
born

6

Date of
birth

Aug 17, 1887

(Month) (Day) (Year)

FATHER

7

FULL
NAME

James T. Harris

MOTHER

8

FULL
MAIDEN
NAME

Ada J. Harvey

9

RESIDENCE NO.

ST.

(At time the birth occurred)

Southborough

(City or Town)

10

RESIDENCE NO.

ST.

(At time the birth occurred)

Southborough

(City or Town)

11

COLOR

W

12

AGE AT LAST
BIRTHDAY 40 YEARS
(At time the birth occurred)

13

COLOR

14

AGE AT LAST
BIRTHDAY 31 YEARS
(At time the birth occurred)

15

BIRTHPLACE

Portland Me.

(City or Town)

(State or Country)

16

BIRTHPLACE

South Weymouth Mass.

(City or Town)

(State or Country)

17

OCCUPATION
(At time the birth occurred)

Carpenter

18

OCCUPATION
(At time the birth occurred)

At home

19

Attendant at birth or informant

(If there was no physician or midwife attendant,
draw line through "attendant at birth or")

Dr. J. H. Robinson (now deceased)

(Name)

(Physician, Midwife, Father, or other)

Address No.

St.

Southborough

(City or Town)

20

Affidavit filed and addition made to city or town
records and a copy of return and affidavit trans-
mitted to the Secretary of the Commonwealth

22

I hereby certify that the above record has been
made in accordance with the provisions of Revised
Laws, Chapter 29, Section 14.

21

Deponent

Name

City or town

Relation

to child

Ada J. Harris Southborough Mother

22

I hereby certify that the above record has been
made in accordance with the provisions of Revised
Laws, Chapter 29, Section 14.

Chas H Newton

5 STRAR

IF THE RETURN OF A BIRTH IS NOT MADE WITHIN THE INTERVAL PRESCRIBED BY
LAW, THIS AFFIDAVIT MUST BE EXECUTED

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

I then personally Ada B Harris
being duly sworn, deposes and says that she resides at Southborough
Mass.

that deponent has knowledge of the birth of Margaret R Harris
named on the reverse side of this blank, that she is the person who made out the reverse side of this blank,
~~mailed or~~ delivered on July 22 1919 to the office of the Town Clerk
(City or town clerk or registrar)
of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law
was as follows:

Supposed that the Doctor had
made a proper return

(Signed) Ada B Harris

Sworn to and subscribed before me,
this 22 day of July, 1919

Charles H. Newton
(City or town clerk, or assistant clerk, or registrar, notary public
or other officer authorized to administer oaths for general purposes.)

NOTICE

Expense of affidavit should be borne by the individual making this blank.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

By following these instructions carefully, delay and expense will be avoided.

1. Write legibly with durable black ink.
2. The affidavit may be made by the attending physician, midwife, father, mother, or the householder in whose house the birth occurred, or any officer specified in Revised Laws, Chapter 29, Sections 6 and 7, or at the discretion of the city or town clerk or registrar by one or more credible persons having knowledge of the case. A citizen who did not know the parent before the date of the child's birth therefore cannot make an affidavit and the period of acquaintance with the parent must be greater than the age of the child.
3. Write all names in full throughout the return and affidavit. Have the name of the child given in full and correctly spelled; and all items called for upon the return should be stated thereon **as they were at the time of the birth.**
4. The name of the child as written in the affidavit must correspond in every respect with the name as given in the birth return.
5. The day, month, and year of birth must not be changed after once written.
6. The affidavit and return should be presented without changes or alterations or they will not be accepted.